



**2006**  
**Consumer's**  
**Guide**  
**Medicare Advantage**  
**Managed Care**  
**in Missouri**



# Choosing a Managed Care Health Plan

Choosing a managed care plan can be complex and difficult. This 2006 Consumer's Guide helps you compare the quality of health care and member satisfaction among the commercial managed care plans in Missouri. Use this guide along with any coverage information your employer provides to help select the right plan for you or your family.

## *Follow these steps to assist you in choosing a health plan:*

- ⊕ Use the comparison indicators in this brochure only in combination. No one indicator is a sole direct measure of a health plan's performance.
- ⊕ Talk to your doctor, family and friends about their experiences with different plans.
- ⊕ Come up with your own questions and call your plan choices for answers using the phone numbers provided.
- ⊕ Draw on all information to evaluate your managed care options. Make the choice that best suits your needs.

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## What Do Medicare Managed Care Plans Look Like?

| Plan Name                                     | Statewide Market Rating† 2004 | National Accreditation Rating† |
|---|-------------------------------|--------------------------------|
| Advantra/ Gold Advantage GHP                  | 14%                           | URAC                           |
| Coventry Health Care Advantra                 | 10%                           | none                           |
| Humana Gold                                   | 13%                           | NCQA                           |
| Medicare Complete                             | 40%                           | URAC/JCAHO                     |
| Mercy Premier Plus                            | 20%                           | none                           |
| †This is a company-wide measure               |                               |                                |
| Data Source: Missouri Department of Insurance |                               |                                |

This shows the percentage of the State's Medicare Advantage managed care plan members who are enrolled with a specific plan. It provides an indication not only of plan size but also of the plan's ability to meet the varied health care needs of its members.

Missouri managed care plans may voluntarily seek and qualify for accreditation, indicating that they meet national quality standards from the following organizations: National Committee for Quality Assurance (NCQA), Utilization Review Accreditation Commission (URAC) and Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

# Medicare Advantage Managed Care Plan Performance

| Plan                                | Women's Health |   |                       |
|-------------------------------------|----------------|---|-----------------------|
|                                     | Mammograms     | Women's Cancer: Breast(B), Cervical (C) |                       |
|                                     |                | Case Management                         | Educational Materials |
| Advantra/Gold Advantage GHP         | ●              | BC                                      | B                     |
| Coventry Health Care Advantra       | ◐              | BC                                      | BC                    |
| Humana Gold                         | ○              | BC                                      | BC                    |
| Medicare Complete                   | ○              | BC                                      | BC                    |
| Mercy Premier Plus                  | ●              | none                                    | none                  |
| St. John's Premier Plus-Springfield | ●              | none                                    | BC                    |
| Statewide Average                   | 71%            |   |                       |

This table compares health plans' performance on Women's Health Care to the statewide average, using the rating symbols below. The table also reports on which plans offer selected benefits and coverages.

## Quality of Care Ratings\*

- – High
- ◐ – Average
- – Low/Needs Improvement
- NA – Numbers too small
- NR – Not reported by plan
- \*Plan performance measures are compared to statewide averages.

Women (ages 52-69) in plan who had a mammogram (breast x-ray) in the past 2 years.

Plan offers case management and educational materials for breast and cervical cancer.

**Note:** Letter indicates the conditions for which services are offered.

All female Medicare beneficiaries are covered for one annual mammogram and for a Pap smear, pelvic exam, and clinical breast exam at least once every three years.

**Case Management** helps patients, providers and physicians coordinate the medical care needed for complex or chronic illnesses.

# Medicare Advantage Managed Care Plan Performance

| Plan                                | Cardiovascular                  |   |                       |
|-------------------------------------|---------------------------------|---|-----------------------|
|                                     | Controlling High Blood Pressure | Beta Blocker Treatment After a Heart Attack | Cholesterol Screening |
| Advantra/Gold Advantage GHP         | ●                               | ●   | ●                     |
| Coventry Health Care Advantra       | ◐                               | ●   | ●                     |
| Humana Gold                         | ◐                               | ◐   | ◐                     |
| Medicare Complete                   | ○                               | ◐   | ○                     |
| Mercy Premier Plus                  | ◐                               | ◐   | ◐                     |
| St. John's Premier Plus-Springfield | ◐                               | ◐   | ◐                     |
| Statewide Averages                  | 62%                             | 97%   | 69%                   |

This table compares health plans' performance on Cardiovascular Health to the statewide average, using the rating symbols below.

## Quality of Care Ratings\*

- – High
- ◐ – Average
- – Low/Needs Improvement
- NA – Numbers too small
- NR – Not reported by plan
- \*Plan performance measures are compared to statewide averages.

Plan members (ages 46-85) who were considered hypertensive during the first six months of the measurement year and who achieved blood pressure control.

Plan offers case management for stroke, congestive heart failure and high blood pressure.

Plan provides cholesterol screening for members at risk.

**Screenings** help to determine if a patient is at risk for a certain disease or health problem.

# Medicare Advantage Managed Care Plan Performance

| Plan                                | Diabetes                      |                                 |                              |
|-------------------------------------|-------------------------------|---------------------------------|------------------------------|
|                                     | Diabetic<br>Kidney<br>Disease | Diabetic<br>Retinal Eye<br>Exam | Diabetic<br>Blood<br>Testing |
| Advantra/Gold Advantage GHP         |                               |                                 |                              |
| Coventry Health Care Advantra       |                               |                                 |                              |
| Humana Gold                         |                               |                                 |                              |
| Medicare Complete                   |                               |                                 |                              |
| Mercy Premier Plus                  |                               |                                 |                              |
| St. John's Premier Plus-Springfield |                               |                                 |                              |
| Statewide Averages                  | 55%                           | 64%                             | 90%                          |

This table compares health plans' performance on Diabetes screening and management to the statewide average, using the rating symbols below.

Plan members who received screening for kidney disease (nephropathy).

Plan members who received a retinal eye exam during the past year.

Plan members (ages 18-75) who received a blood glucose test during the past year.



















Diabetes that occurs later in life may be prevented by keeping your weight down, exercising, and eating a healthy diet. Pills can often now control diabetes without the need for insulin shots.

## Quality of Care Ratings\*

- High
  - Average
  - Low/Needs Improvement
  - NA – Numbers too small
  - NR – Not reported by plan
- \*Plan performance measures are compared to statewide averages.




**Screenings** help to determine if a patient is at risk for a certain disease or health problem.

# Medicare Advantage Managed Care Plan Performance

| Plan                                | Depression  |   |   |
|-------------------------------------|---|---|---|
|                                     | Optimal Practitioner Contacts for Medication Management                           | Effective Acute Phase Treatment   | Antidepressant Medication-Effective Continuation Treatment                          |
| Advantira/Gold Advantage GHP        |  |  |  |
| Coventry Health Care Advantira      |  |  |  |
| Humana Gold                         |  |  |  |
| Medicare Complete                   |  |  |  |
| Mercy Premier Plus                  |  |  |  |
| St. John's Premier Plus-Springfield |  |  |  |
| Statewide Averages                  | 9%  | 54%   | 40%   |

This table compares health plans' performance on Depression management to the statewide average, using the rating symbols below.

## Quality of Care Ratings\*

-  – High
  -  – Average
  -  – Low/Needs Improvement
  - NA – Numbers too small
  - NR – Not reported by plan
- \*Plan performance measures are compared to statewide averages.

Plan members 18 years of age or older who were diagnosed with a new episode of depression and treated with antidepressant medication and had at least three follow-up contacts with a primary care or mental health practitioner.

Plan members 18 years of age or older who were diagnosed with a new episode of depression and treated with antidepressant medication and remained on antidepressants for 84 days during the acute phase treatment.

Plan members 18 years of age or older with a new episode of depression and treated with antidepressant medication for at least 180 days.

# Medicare Advantage Managed Care Plan Performance

| Plan   | Member Satisfaction        |                                   |                                  |  |  |   |  |
|--|----------------------------|-----------------------------------|----------------------------------|--|--|---|--|
|  | (1)<br>Customer<br>Service | (2)<br>Getting<br>Care<br>Quickly | (3)<br>Getting<br>Needed<br>Care | (4)<br>Rating of<br>Doctor<br>Seen Most<br>Often | (5)<br>Rating of<br>Specialist<br>Seen Most<br>Often | (6)<br>Overall<br>Rating<br>of<br>Health Care | (7)<br>Overall<br>Rating<br>of<br>Plan |
| Coventry Health Care of Kansas                         | ●                          | ◐                                 | ◐                                | ◐  | ◐  | ◐   | ◐                                      |
| Group Health Plan                                      | ◐                          | ◐                                 | ◐                                | ◐  | ◐  | ◐   | ○                                      |
| Humana Health Plan                                     | ○                          | ◐                                 | ◐                                | ◐  | ○  | ◐   | ●                                      |
| Mercy Health Plans of MO*                              | ◐                          | ◐                                 | ◐                                | ◐  | ◐  | ◐   | ◐                                      |
| United Healthcare-Midwest                              | ◐                          | ◐                                 | ◐                                | ◐  | ◐  | ◐   | ◐                                      |
| <b>Statewide Averages</b>                              | <b>71%</b>                 | <b>61%</b>                        | <b>89%</b>                       | <b>84%</b>                                       | <b>85%</b>   | <b>87%</b>                                    | <b>74%</b>                             |
| *Mercy Premier Plus & St. John's Premier Plus combined |                            |                                   |                                  |  |  |   |  |
| Data Source: Center for Medicare & Medicaid Services   |                            |                                   |                                  |  |  |   |  |

## Response Descriptions for Satisfaction Categories Above

- (1) No problem with paperwork, written materials or help from customer service.
- (2) No problem getting necessary care in a reasonable time.
- (3) No problem getting good doctors and nurses, referrals, and necessary care.
- (4) Overall rating of personal doctor seen most often.
- (5) Overall rating of specialist seen most often.
- (6) Overall rating of health care.
- (7) Overall rating of health plan.

Statewide Averages and Quality of Care Symbols Are Explained on Following Page.

## Quality of Care Ratings\*

- – High
- ◐ – Average
- – Low/Needs Improvement
- NA – Numbers too small
- NR – Not reported by plan
- \*Plan performance measures are compared to statewide averages.



## Statewide Averages and Quality of Care Symbols Explained

The percent on the “Statewide Averages” line indicate the average percent of all plans for each indicator shown in the header of the column. The Quality of Care Ratings reflect a statistical comparison of the plan’s percentage on the indicator (measure) and the statewide average percentage for all plans. An Average (⊖) rating for a specific plan means the plan scored close to the Statewide Average for that indicator. A High (●) or Low (○) rating means the plan scored much higher or much lower than the Statewide Average.

# Member Services Telephone Numbers

| Managed Care Plan             | Customer Service | RN Helpline  | Website   |
|-------------------------------|------------------|--------------|---|
| Advantra/Gold Advantage GHP   | 800-533-0367     |              | <a href="http://www.ghp.com">http://www.ghp.com</a>                           |
| Coventry Health Care Advantra | 800-727-9712     | 800-622-9528 |   |
|                               | 800-207-1262     |              | <a href="http://www.kc.chcadvantra.com">http://www.kc.chcadvantra.com</a>     |
| Humana Gold                   | 800-427-7478     | 800-622-9529 | <a href="http://www.humana.com">http://www.humana.com</a>                     |
| Medicare Complete             | 800-656-7065     | 877-365-7949 | <a href="http://www.uhc.com">http://www.uhc.com</a>                           |
| Mercy Premier Plus            | 800-481-4466     | 800-909-TEAM | <a href="http://www.mercyhealthplans.com">http://www.mercyhealthplans.com</a> |
| St. John's Premier Plus       | 800-481-4466     | 800-909-TEAM | <a href="http://www.mercyhealthplans.com">http://www.mercyhealthplans.com</a> |

## Websites

The following Websites may be useful:

|  |   |
|--|---|
| Agency for Healthcare Research & Quality:                            | <a href="http://www.ahrq.gov">http://www.ahrq.gov</a>                           |
| American Accreditation Healthcare Commission/URAC:                   | <a href="http://www.urac.org">http://www.urac.org</a>                           |
| American Association of Health Plans:                                | <a href="http://www.aahp.org">http://www.aahp.org</a>                           |
| American Medical Association:  | <a href="http://www.ama-assn.org">http://www.ama-assn.org</a>                   |
| American Osteopathic Association:                                    | <a href="http://www.aoa-net.org">http://www.aoa-net.org</a>                     |
| Families USA:  | <a href="http://www.familiesusa.org">http://www.familiesusa.org</a>             |
| Joint Commission on Accreditation of Healthcare Organizations/JCAHO: | <a href="http://www.jcaho.org">http://www.jcaho.org</a>                         |
| Missouri Department of Health and Senior Services                    | <a href="http://www.dhss.state.mo.us">http://www.dhss.state.mo.us</a>           |
| Missouri Department of Insurance                                     | <a href="http://www.insurance.state.mo.us">http://www.insurance.state.mo.us</a> |
| National Committee for Quality Assurance/NCQA:                       | <a href="http://www.ncqa.org">http://www.ncqa.org</a>                           |
| National Health Information Center                                   | <a href="http://www.health.gov/nhic">http://www.health.gov/nhic</a>             |
| The Official U.S. Government Site for People with Medicare           | <a href="http://www.medicare.gov">http://www.medicare.gov</a>                   |
| U.S. Health and Human Services-Health Finder:                        | <a href="http://www.healthfinder.gov">http://www.healthfinder.gov</a>           |

## Concerns or Complaints?

For further information about this Consumer's Guide, contact:

**Missouri Department of  
Health and Senior Services**  
P.O. Box 570  
Jefferson City, MO  
65102-0570  
(573) 751-6272

Call your managed care plan if you have concerns on your treatment or feel you have been denied health services. They will explain your grievance rights and how to file a complaint. If you disagree with a plan's position or decision, you can file a complaint with the Missouri Patient Care Review Foundation Beneficiaries Helpline at: 1-800-347-1016

The Missouri Department of Health and Senior Services has attempted to publish accurate information based upon common definitions. The data reported in this brochure are based on plan performance during 2005. Managed care plans were given an opportunity to review and correct the data presented. Other corrections or suggestions should be forwarded to the Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102. Our telephone number is (573) 751-6272.

The Missouri Department of Health and Senior Services is an equal opportunity/affirmative action employer. Services are provided on a nondiscriminatory basis. This information is available in alternate formats to citizens with disabilities.

